



GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF MOTOR VEHICLES



## ONE-WEEK DISABILITY PARKING PERMIT APPLICATION

You may mail this form to DC DMV, Medical Review Services, PO Box 90120, Washington, DC 20090 or fax to 202-673-9908  
For additional information visit our website: [www.dmv.dc.gov](http://www.dmv.dc.gov) or call our Customer Service Call Center at 202-727-5000.

### APPLICANT'S INFORMATION:

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

Address: \_\_\_\_\_  
STREET \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ State Issued: \_\_\_\_\_

Identification Card #: \_\_\_\_\_ Identification Card Type: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ State Issued: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Permit Effective Date: \_\_\_\_\_ Permit Expiration Date: \_\_\_\_\_

I am applying for a One-Week Disability Parking Permit for one of the following reasons:

- Vehicle with Disability Tags is Being Repaired**
- One-Week Temporary Disability**
- To Obtain Physician's Disability Certification**
- Disabled Visitor**

The applicant swears or affirms the following:

I will use the Disability Parking Permit granted by the DC Department of Motor Vehicles as provided in Chapter 27 of Title 18, District of Columbia Municipal Regulations. I understand the One-Week Disability Parking Permit is not transferable to any other person and is intended for my use only. I may have a designated driver display the Disability Parking Permit only when I am a passenger in the vehicle in which the permit is displayed.

The above information is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

*The making of a false statement on this form is a violation of DC law and is subject to a fine of up to \$1,000 or 180 days imprisonment or both (D.C. Official Code § 22-2405).*

### DMV OFFICIAL USE

Date Issued/Mailed: \_\_\_\_\_ Permit Identification Number: \_\_\_\_\_

Validation Period:

From: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

DMV Examiner's Name: \_\_\_\_\_ Date: \_\_\_\_\_